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**State of Vermont**

**Department of Mental Health**

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*Agency of Human Services*

September 11, 2009

Mr. Robert E. Simpson, Jr., DSW, MPH  
President & Chief Executive Officer  
Brattleboro Retreat  
Anna Marsh Lane  
P.O. Box 803  
Brattleboro, VT 05302

Dear Dr. Simpson:

Thank-you for making a conceptual proposal in response to the RFP issued by the Department of Mental Health regarding acute psychiatric inpatient care. A review committee comprised of legislators, advocates, and mental health service providers, met this week and has requested additional information regarding the Brattleboro Retreat's proposal. We ask that you respond to these questions by close of business on Friday, September 18<sup>th</sup>

The review committee requested that I convey their appreciation of this proposal and their regard for the depth of expertise and resources at the Brattleboro Retreat.

Additional information is requested on the following:

1. What is the anticipated impact of the proposed 16-bed program on the existing adult inpatient capacity at the Retreat?
2. What relationship is envisioned between the proposed 16-bed program and the existing adult inpatient program at the Retreat?
3. Given the legal requirement that care be provided in the least restrictive environment, as well as the State's policy of favoring voluntary care whenever possible, and the fact that the proposed program is specifically a high acuity, involuntary, and high security setting, how would the proposer ensure access to less restrictive and /or voluntary inpatient care when appropriate? What is the cost implication of this in that other units at the Retreat would remain subject to the IMD exclusion?
4. Please provide a more detailed description of the IMD issue, the alternative approaches to avoid the IMD classification referenced in your proposal, and your analysis of the likelihood that the proposed program would not be classified as an IMD. In addition, please describe your understanding of the implications if the proposed and existing programs were classified as IMDs.

5. Can you provide an on-site facility for court hearings?
6. Can you please identify travel time estimates between the Retreat and key referring population centers such as Burlington and Montpelier? Please describe how family visits and coordination with ongoing care system would be facilitated given the geographic location of the proposed program.
7. The Retreat offers an impressive Speaker's bureau and CME program. Please provide the organization's policies on the relationship between pharmaceutical sponsorship and physician payroll and medical practice at the Retreat.
8. Overall, how would you describe the financial health of the Brattleboro Retreat?
9. Please describe the interplay envisioned between the two clusters (4-bed sub cluster and the 12 bed area).
10. Would you consider adding a second RN on the night shift?
11. What would do differently from current practice to manage higher acuity and zero- reject admission policy in the proposed program?
12. What are the visiting hours for the program and how flexible can you be about these? How would you be more inclusive of families including space for family visits?
13. What community resources and or step-down services are needed for this program to succeed? Please respond both in the context of your immediate community and statewide.
14. How will you coordinate with the ongoing community care system, esp. for service areas that are far from Brattleboro?
15. Please specify how you would meet the full psychiatric needs of patients with complex and difficult medical conditions (e.g. the importance of psychiatric program milieu and how that could be met at Brattleboro Memorial hospital).
16. The proposal references significant safety issues with single bathrooms. Please provide more detail about what the safety issues are and the data on which this assertion is based. Also please discuss your assessment of balancing issues of safety and privacy.
17. Please describe how the proposed program would interact with the Meadowview program in development.
18. How would the program manage different patient needs and groups (gender, acuity, diagnosis, behavior) within the proposed program?

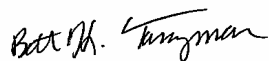
19. The proposal does not explicitly say that the program will serve individuals referred from the Courts for competency evaluations or from Corrections for acute treatment. Please be explicit regarding forensic admissions.
20. Please provide a more detailed timeline for resolution of outstanding issues and project development milestones.
21. How will the program (both facility and treatment) reflect the different cultures of Vermont?
22. How do you see this proposed program as part of the larger system to insure that every patient has a bed even if your program is at capacity?
23. How would the required renovations be capitalized?
24. Are there any statutory changes you feel would be necessary or important to the proposed program's success? (For instance, non-emergency involuntary medication, admission of court ordered evaluations without physician order and retain in hospital post physician recommendation?)
25. How do you define acute care and how would the needs of patients who may stay for long periods of time be met?
26. What will you require for medical clearance prior to admission and can you be flexible especially if a patient is refusing medical care or evaluation.

Please direct the responses to my email ([btanzman@vdh.state.vt.us](mailto:btanzman@vdh.state.vt.us)).

I do appreciate that this is a very rapid response schedule and wish to thank-you in advance for the work the Retreat team will put into responding to these reviewer questions.

We look forward to receiving your responses.

Sincerely,



Beth Tanzman  
Deputy Commissioner

BT/psp

cc: Peter Albert  
Michael Hartman

